2013 Iowa Balance of State Continuum of Care Consolidated Application

Executive Summary

Program Overview

The Continuum of Care (CoC) program is a federal program of the U.S. Department of Housing and Urban Development (HUD). The program follows Interim regulations that were released July 31, 2012.

From the Interim Rule: "The purpose of the Continuum of Care program is to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

The HEARTH Act streamlines HUD's homeless grant programs by consolidating the Supportive Housing, Shelter Plus Care, and Single Room Occupancy grant programs into one grant program: The Continuum of Care program. Local continuums of care, which are community-based homeless assistance program planning networks, will apply for Continuum of Care grants. By consolidating homeless assistance grant programs and creating the Continuum of Care planning process, the HEARTH Act intended to increase the efficiency and effectiveness of coordinated, community-based systems that provide housing and services to the homeless."

The Iowa Balance of State CoC

In Iowa, the Balance of State CoC includes most of the state, with the exception of Polk, Woodbury, and Pottawattamie Counties. The decision-making body for the Iowa Balance of State CoC is the Iowa Council on Homelessness; the Continuum of Care Committee of the council leads the application process. Any CoC program applicant within the Balance of State that is interested in the program must first submit an application for review by the Continuum of Care Committee and the council; the council then votes on the entire Consolidated Application to submit to HUD. During this process, the Iowa Finance Authority provides administrative support, including accepting and organizing all the applications for council review, and eventually submitting the council-approved Consolidated Application to HUD.

Funding Details:

Availability of funds for new and renewal projects depends on HUD's scoring of the overall Consolidated Application.

- Tier 1: $4,526,438
    - Annual Renewal Demand of $4,764,672, less 5% or $238,234; HUD has established the threshold for priority funding due to federal budget constraints.
- Tier 2: $224,762
    - Amount requested by the one New Project recommended for funding by the Continuum of Care Committee.

Project Rankings:

Recommended project rankings are detailed in a separate document, *2013 Iowa Balance of State Continuum of Care Recommended Ranking and Funding*.

These rankings are based on the assumption that all projects submit the additional required application materials, including the online E-snaps application. The one new project included in the rankings, Family Alliance for Veterans of America, should complete the E-snaps application no later than Wednesday, January 29th, in order to be included in the balance of state submission to HUD. Limited assistance may be provided by the Iowa Finance Authority for this step, if sought in advance of this deadline.

Eligible Activities:

The Continuum of Care program includes transitional housing, permanent supportive housing for disabled persons, permanent housing, supportive services, and Homeless Management Information Systems (HMIS). Eligible costs include Continuum of Care planning activities, Unified Funding Agency costs, acquisition, rehabilitation, new construction, leasing, rental assistance, supportive services, operating costs, HMIS, project administrative costs, relocation costs, and indirect costs. New projects were limited this year by HUD to only Permanent Housing projects, especially projects serving the chronically homeless.

Project Application Scoring Process:

All New and Renewal Project applicants were required to submit applications by January 3, 2014, which was the internal deadline required by HUD. Project Applications were reviewed and scored by the Continuum of Care Committee of the Iowa Council on Homelessness. Projects were ranked based on their scores, and these recommendations were made to the council for the full meeting on January 17th. Projects had the opportunity to appeal their ranking for this meeting.

Consolidated Application Drafting Process:

The application package to be submitted to HUD includes all Renewal and any New Project Applications approved by the council. It also includes the Consolidated Application, which ties together information about the entire CoC. The Consolidated Application is a joint effort between Iowa Finance Authority staff, staff at the Iowa Institute for Community Alliances that contribute HMIS information and more, the CoC Committee, and all Renewal Project applicants that submit Community Planning Narratives. A draft of the Consolidated Application will be made available and posted online for review and comment by members of the Iowa Council on Homelessness and CoC Project Applicants. The Iowa Finance Authority, as the Collaborative Applicant for the CoC, submits the final application to HUD.

Consolidated Application Approval and Submission:

Approval of this Executive Summary for the Consolidated Application will authorize the Iowa Finance Authority to submit the Consolidated Application to HUD on behalf of the CoC. Continued minor adjustments and editing may be made to the Consolidated Application after the Executive Summary is approved.

Contents of the Consolidated Application:

The Consolidated Application includes the following:

- Operations
- CoC Committees
- CoC Project Review, Ranking, and Selection
- Housing Inventory
- HMIS Implementation
- HMIS Funding Sources

- HMIS Bed Coverage
- HMIS Data Quality
- HMIS Data Usage and Coordination
- HMIS Policies and Procedures
- Sheltered Point-in-Time Count:
  - Sheltered Point-in-Time Methods
  - Sheltered Point-in-Time Data Collection
  - Sheltered Point-in-Time Data Quality
- Unsheltered Point-in-Time Count:
  - Unsheltered Methods
  - Unsheltered Level of Coverage
  - Unsheltered Data Quality
- CoC Performance and Strategic Planning Objectives (including current status/performance, two-year plan, and individuals/organizations/committees responsible, for each Objective)
  - Objective 1: Increase Progress Towards Ending Chronic Homelessness
  - Objective 2: Increase Housing Stability
  - Objective 3: Increase Project Participants Income
  - Objective 4: Increase the Number of Participants Obtaining Mainstream Benefits
  - Objective 5: Use Rapid Rehousing as a Method to Reduce Family Homelessness
- Discharge Planning:
  - Foster Care
  - Health Care
  - Mental Health
  - Corrections
- Coordination:
  - Consolidated Plans
  - CoC Strategic Plan
  - ESG Consultation
  - ESG for Rapid Rehousing and Homelessness Prevention
  - Homelessness Prevention
  - Coordination with other Federal, State, local, private and other entities
  - Coordination with local Public Housing Authorities
  - Plan to Remove Barriers to Entry in CoC and ESG Programs
  - Housing First Approach
  - Coordinated Assessment System
  - Affirmative Marketing/Outreach
  - Connecting Children to School and Services
  - Collaborating with Local Education Authorities
  - Ensuring No Discrimination Based on Age of Children
  - Monitoring Returns to Homelessness
  - Serving Individuals Defined as Homeless Under Other Federal Statutes
- Coordination with Strategic Plan Goals:
  - Federal Opening Doors Plan
  - Outreach to Households with Dependent Children

- - Outreach to Victims of Domestic Violence
    - Addressing Homelessness for Unaccompanied Youth
    - Street Outreach
    - Homelessness Among Veterans
- Reallocation
- Project Performance
    - CoC Monitoring of Project Performance
    - CoC Assistance to Reach HUD Performance Goals
    - CoC Assistance to Underperforming Projects
    - Reducing Length of Time Homeless
    - Reducing Returns to Homelessness
    - Outreach to Assist Projects in Outreach
- Section 3 Employment Policy for New Projects Greater than $200,000
- Accessing Mainstream Resources
    - Training and Information on Mainstream Resources
    - SOAR Training
    - Affordable Care Act Implementation
    - Other Funding for Supportive Services
- Attachments:
    - Certifications of Consistency with the Consolidated Plans
    - CoC Governance Agreement
    - CoC-HMIS Governance Agreement/HMIS Policies and Procedures
    - CoC Rating and Review Document
    - CoCs Process for Making Cuts
    - FY2013 Chronic Homeless Project Prioritization List
    - FY2013 Grant Inventory Worksheet
    - FY2013 Project Rankings
    - IA Balance of State New Project Application
    - IA Balance of State Renewal Project Supplemental Application
    - Public Solicitation

Consolidated Application Performance and Strategic Planning Objectives

These Performance and Strategic Planning Objectives are part of the Consolidated Application, briefly listed above. The CoC must report on progress toward these five HUD Objectives, plus set goals for future performance. They are highlighted here because the CoC will be judged in future applications on its progress toward meeting the goals established through this process.

1) **Objective 1: Increase Progress Towards Ending Chronic Homelessness**

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions: [show]

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP)*. The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

* 3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		114	104	94
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	100	111	127	155
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		38	27	16
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		26%	50%	50%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	10	10

2) Objective 2: Increase Housing Stability

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions: [show]

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP)*. Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

* 3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes ▾

* 3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	240	260	280
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	212	228	246
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	88%	88%	88%

3) Objective 3: Increase Project Participants Income

Objective 3: Increase project participants income

Instructions: [show]

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP)*. Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

* 3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 2335

* 3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	22%	23%	24%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	16%	18%	20%

4) Objective 4: Increase the Number of Participants Obtaining Mainstream Benefits

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions: [show]

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP)*. Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

nded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. | 2325 |

* 3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	81%	81%	81%

* 3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1486	63.64 %
MEDICAID health insurance	795	34.05 %
MEDICARE health insurance	116	4.97 %
State children's health insurance	4	0.17 %
WIC	87	3.73 %
VA medical services	121	5.18 %
TANF child care services	21	0.90 %
TANF transportation services	6	0.26 %
Other TANF-funded services	3	0.13 %
Temporary rental assistance	9	0.39 %
Section 8, public housing, rental assistance	42	1.80 %
Other Source	173	7.41 %
No sources	450	19.27 %

5) Objective 5: Use Rapid Rehousing as a Method to Reduce Family Homelessness

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions: [show]

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP)*. Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

* 3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	8	76	86
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	1	5	15